



# Montana Medicaid

# CLAIM JUMPER

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## Provider Training in November

DPHHS and ACS have scheduled three free 1½-day provider training sessions in November. There are many Medicaid changes happening in 2007 that providers need to be aware of. CHIP also will provide program updates, including SED benefits. Training dates are November 1-2 in Kalispell at the Red Lion; November 15-16 in Great Falls at the Holiday Inn at Great Falls; and November 29-30 in Billings at St. Vincent Healthcare in the Mansfield HEC.

Schedules, maps and registration forms can be obtained at [mtmedicaid.org](http://mtmedicaid.org) under "Upcoming Events." To register, send in a registration form, call Provider Relations at (406) 442-1837 or 1-800-624-3958, or email [mtprhelpdesk@acs-inc.com](mailto:mtprhelpdesk@acs-inc.com).

## Hospice Fees Updated

Effective October 1, 2006, Montana Medicaid updated the fee schedule for Hospice providers to reflect the recent Medicare and Medicaid rate changes. See [mtmedicaid.org](http://mtmedicaid.org) for more detail. If you do not have web access, please call Provider Relations for information on how to obtain this fee schedule.

*Submitted by Annette Marron, DPHHS*

## Collaboration on Utilization of Diagnostic Tests

Montana Medicaid proposes entering into a collaborative effort with physicians and mid-level practitioners to control potential over-utilization of diagnostic tests.

There is general agreement that diagnostic testing can be over-utilized and that this can contribute to rising health care costs (Robinson A, *Clin Microbiol Rev*, 1994). This especially has been noted on brain imaging, imaging for low back pain, and labs such as CBC, chemistry panels, and UAs. Reasons for physician over-utilization of diagnostic tests include: 1) physician's routine repeat ordering of lab tests (Kwok J, Jones B, *J Clin Pathol*, 2005), 2) threat of malpractice litigation (Elmore JG et. al., *Radiology* 2005), and 3) patient requests (Kravits RL et. al., *Arch Intern Med*, 2003). Patient use of the Internet in gaining knowledge on medical care has contributed to this phenomenon (Calaberreta N, *J Med Libr Assoc*, 2002).

The major motivation to reduce utilization of unnecessary testing is financial, although other benefits also may be observed, such as reducing false-positive results stemming from testing patients in low prevalence populations, eliminating unnecessary follow-up procedures, avoiding iatrogenic anemia, and potentially lowering hospital length of stay resulting from the need to track down the significance of falsely abnormal tests (Lewandowski K, *Clin Leadersh Manag Rev*, 2003).

Various intervention strategies have been utilized to address this issue. These include: 1) educational strategies intended to improve ordering behavior by increasing knowledge of clinical utilities of tests and procedures in relation to their costs, 2) feedback strategies to compare actual ordering behavior with ordering protocols, 3) cost-awareness strategies, 4) rationing strategies, and 5) market-oriented financial incentives and

risk-sharing plans to prompt decreased utilization of diagnostic tests and procedures (Grossman RM, *Med Care*, 1983).

Obviously, decisions on the necessity of ordering diagnostic tests lie with the clinician. However, Montana Medicaid requests of Montana physicians and mid-level practitioners to be cognizant of this issue and its causes when ordering diagnostic tests. The desired goals are financial savings and clinical benefits. The effectiveness of this collaboration will be measured by monitoring the ordering frequency of various tests. Individual physician practices will not be monitored, as that is potentially intrusive and results in only minimal changes in utilization (Balas EA et. al., *J Gen Intern Med*, 1996).

We thank you for your cooperation in this matter. If you have questions please contact Nathan A. Munn, Physician Program Officer, at 406-444-5972, email [nmunn@mt.gov](mailto:nmunn@mt.gov).

*Submitted by Nathan Munn, DPHHS*

## QY Modifier Change

Effective January 1, 2007, Montana Medicaid will reimburse the -QY Anesthesia modifier, medical direction of CRNA, at 52.5% of the allowed amount. Medicare will be reimbursing this at 50% as of January 1, 2007. Providers that will be affected by this change are: physicians, anesthesiologists and mid-level practitioners (CRNA).

*Submitted by Nathan Munn, DPHHS*

## COBA Update

Montana Medicaid started receiving and processing Medicare Part A and B crossovers electronically through the Coordination of Benefits Contractor, GHI, last month. Since that time, several processing issues have been identified:

- **Provider ID.** When electronic crossover claims are processed, the claims processing system (MMIS) first looks for a Medicaid provider ID on the trans-

action. If the Medicaid provider number is present, that number is used to process the claim. If only a Medicare ID is present on the transaction, that number is verified against the MMIS cross-reference file to determine if the Medicare ID is cross-referenced to a Medicaid ID. If the cross reference is present, that number is used. If not, the provider will receive a letter advising them the cross-reference is not valid. The best option to assure accurate processing is for providers to submit Medicare crossovers with the appropriate Medicaid provider number on the transaction. Providers must send ACS information to allow the Medicare number and Medicaid number to be cross referenced to facilitate claims processing. Providers will need to resubmit any claims denied due to wrong provider numbers.

- **Third party liability.** Currently we are receiving crossover claims with other insurance policy information, but no payment or denial information. Consequently, a number of claims have been denied because no TPL payment was present on the transaction received by Montana Medicaid. ACS is currently researching why no insurance payment information is crossing over. As a temporary solution, Medicaid is paying these claims and ACS TPL will be contacting the providers to verify payment information to allow over-payments to be recovered.
- **Mental health reimbursement.** Some mental health crossover claims are not being processed with the appropriate lower-of pricing formula. This is an internal ACS issue where some patient responsibility psychiatric reduction (PR 122) CAS segments are not being processed. ACS is correcting this issue so future claims will be paid appropriately. Providers will need to submit adjustments for claims paid inappropriately or contact Provider Relations to request an adjustment.
- **Client eligibility.** Currently we receive Medicare crossovers claims for any client who has been eligible for Medicaid within the last three years. As a result, you may be seeing many denied claims for no eligibility for the date of service.
- **Coinsurance and deductible on institutional claims.** In some cases for multiple line claims with coinsurance and deductible sent at the line level, Montana Medicaid was calculating the coinsurance and deductible for a portion of the lines. These claims were not paid the full coinsurance or deductible amounts. The MMIS has been updated to correct this error. If you encounter this situation, please submit adjustments for these claims to correct the coinsurance and/or

deductible amounts or contact Provider Relations to request an adjustment.

- **Anesthesia units.** Part B crossovers submitted by Medicare with anesthesia units instead of minutes are sometimes being underpaid. The MMIS will be updated to accommodate for either minutes or units on anesthesia claims. Providers will be notified once the update occurs.

## NPI—Will You Be Ready?

**GET IT.** The compliance date, May 23, 2007, is only 8 months away. It's every provider's responsibility to make sure that an NPI is obtained if the provider is required to do so. If you're not sure, it's time to investigate. Get your NPI now so you have time to prepare before the compliance date. This includes sharing your NPI and appropriately testing it with payers to avoid a disruption in cash flow. To learn more on how to apply visit [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/) on the CMS website.

**SHARE IT.** Have your NPI and don't know what to do with it? Share it. Share it with health plans you bill and the colleagues who rely on having your NPI to submit their claims (e.g. those who bill for ordered or referred services). You should also share it with your billing service, vendor, or clearinghouse, if you have any of them as business associates. Find out when and how the health plans with which you do business will begin accepting the NPI in claims and other standard transactions.

**USE IT.** Once your health plans have informed you that they are ready to accept NPIs, begin the testing process. It is important to test before May 23, 2007, to avoid a disruption in your cash flow. Consider sending only a few claims at first as you test the ability of plans to accept the NPI. Fewer claims will make it easier to keep track of status and payment, as well as troubleshooting any potential problems that may arise during the testing process.

**Information on Covered Entities Under HIPAA.** CMS has posted a new "Frequently Asked Question" to the CMS website that addresses whether a health care provider is a covered entity under HIPAA if they receive health information electronically (e.g. an electronic remittance advice), but do not transmit any health information electronically. Go to the [CMS.gov](http://www.cms.gov) website and click on "Questions" in the blue banner.

**Clarification of the Taxonomy Requirement Outlined in CR5243.** Effective January 1, 2007, institutional Medicare

providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a taxonomy code on all claims submitted to their Fiscal Intermediary. CMS posted a FAQ that clarifies this requirement. Go to the [CMS.gov](http://www.cms.gov) website and click on "Questions" in the blue banner.

**Reminder to Supply Legacy Identifiers on NPI Application.** CMS continues to urge providers to include legacy identifiers on their NPI applications. This will help all health plans, including Medicare, to get ready for May 23, 2007. If reporting a Medicaid legacy number, include the associated State name. If providers have already been assigned NPIs, CMS asks them to consider going back into the NPES and updating their information with their legacy identifiers if they did not include those identifiers when they applied for NPIs. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

**New WEDI Early Adopters Series.** The Workgroup for Electronic Data Interchange (WEDI) has developed a series of monthly 90-minute audio casts that highlight the NPI related planning, management, communication and implementation activities. The first audio cast was October 4. Visit the WEDI website at <http://www.wedi.org/npioi/index.shtml> to purchase a CD of this audiocast or for more information on future events.

*Submitted by Michelle Gillespie, DPHHS*

## Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website ([mtmedicaid.org](http://mtmedicaid.org)).

## MATH Claim Status

When checking claim status on the Montana Access to Health (MATH) web portal, please remember that claims are adjudicated on Mondays and Wednesdays. The claim status will be updated only after the Monday or Wednesday adjudication cycle is run.

14,250 copies of this newsletter were printed at an estimated cost of \$.39 per copy, for a total cost of \$5,643.36, which includes \$2,665.43 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

## Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from [www.mtmedicaid.org](http://www.mtmedicaid.org), the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices</b>		
09/22/06	Physicians, Mid-Level Practitioners, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient, Hospital Outpatient, Indian Health Services	VFC Update
<b>Fee Schedules</b>		
09/21/06	Hospital Inpatient, Mental Health Center, Physician, Mid-Level Practitioner, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Mental Health Case Management	Fee schedule for Medicaid mental health and MHSP services for clients 18 years of age and older
09/22/06	Hospital Inpatient, Mental Health Center, Physician, Mid-Level Practitioner, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Mental Health Case Management	Fee schedule for Medicaid mental health and MHSP services for clients under 18 years of age
09/28/06	Hospice	New fee schedule
<b>Other Resources</b>		
09/05/06, 09/11/06, 09/18/06, 09/23/06	All Provider Types	What's New on the Site This Week
09/11/06, 09/12/06	All Provider Types	Revised registration form added to fall provider training on Upcoming Events page
09/13/06	All Provider Types	October 2006 <i>Claim Jumper</i>
09/13/06	All Provider Types	News on National Provider Identifier (NPI) added to home page with links from news item and navigation bar to a new NPI page
09/13/06	All Provider Types	"NPI: Get It. Share It. Use It." added to NPI page
09/14/06	Dental	Updated Remittance Advice Notice
09/14/06, 09/19/06	All Provider Types	Montana Medicaid acronyms added to Definitions and Acronyms page
09/15/06	All Provider Types	Updated carrier codes sorted by ID number and name
09/18/06	All Provider Types	Revised Montana Access to Health tutorial
09/18/06	All Provider Types	Revised PASSPORT Attachment C
09/19/06	All Provider Types	Numeric codes for HIPAA mandated transactions and their descriptions added to Electronic Billing page
09/25/06	All Provider Types	Montana Access to Health web portal online enrollment tutorial (new link from left navigation bar)
09/25/06, 09/27/06	Pharmacy	Updated PDL and Quicklist
09/28/06	All Provider Types	Maps to provider training locations added to Upcoming Events
09/28/06	Physician, Mid-Level Practitioner	Updated Remittance Advice Notice

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Helena, MT 59604

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## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

### Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

### Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

### Prior Authorization

DMEPOS (406) 444-6977

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations  
P.O. Box 4936  
Helena, MT 59604

Claims Processing  
P.O. Box 8000  
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Third Party Liability  
P.O. Box 5838  
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